Application or Docket Number

181-2049

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ""If the "Highest Numb r. Pr viously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

									<u> </u>	Γ		
		CLAIMS AS	(Column 1)		(Column 2)			SMALL EI	VTITY	OR	OTHER SMALL	
TOTAL CLAIMS			15					RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			15 minus 20=		•			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			\ minus 3 =					X40=		OR	X80=	
ΜL	ILTIPLE DEPEN	IDENT CLAIM PI	RESENT	· .				+135=		OR	+270=	
* If	the difference	in column 1 is	ess than zero, enter "0" in column 2				TOTAL		OR	TOTAL	טור	
CLAIMS AS AMENDED - PART II									,	OTHER		
_		(Column 1)		(Column 2) (Co				SMALL	ENTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVK PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI TIONAL FÉE		RATE	ADDI- TIONAL FEE
	Total	. 12	Minus	•• 1	5	=		X\$ 9=		OR	X\$18=	
	Independent			/	=		X40=		OR	X80=		
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=		OR	+270=	
								TOTAL ADDIT, FEE	1	OR	TOTAL ADDIT, FEE	
		(Column 1)		(Colui	mn 2)	(Column 3)	•	NUDII. FEE (•	ADDII. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus .	**		=		X\$ 9=		OR	X\$18=	
	Independent	NTATION OF MU	Minus	CNIDENT	CLAIM	=		X40=		OR	X80=	
<u> </u>	FINOT PRESE	INTATION OF MIC		CIADEIA	CEAIN		'	+135=		OR	+270=	
							,	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	••		=		X\$ 9=		OR	X\$18=	ï
	Independent	•	Minus	***_		=	 	X40=		OR	X80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							J	.405				
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+270=		
	"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."									OR	TOTAL ADDIT: FEE	

FORM PTO-875

(Rev. 8/00)